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From illness to wellness-has thermal spring health tourism reached a new turning point?

Mark Boekstein
Department of Geography & Environmental Studies
University of the Western Cape
Private Bag X17, Bellville, 7535, South Africa
Email: mboekstein@uwc.ac.za

Abstract

Thermal spring health resorts around the world are repositioning themselves by moving away from medical treatments, and moving towards fitness and wellness, often accompanied by an increase in facilities for recreation. It is suggested in this paper that this represents a turning point for the thermal spring health tourism product, with the focus changing from using thermal water primarily for the treatment of illnesses, to helping already healthy people become even healthier. In the light of current developments, the historical development and geographical distribution of thermal spring tourism is discussed, with new developments highlighted, particularly those involving local communities. A historical overview of thermal spring health tourism is provided, starting with the ancient Greeks and their belief in the healing powers of water, and Roman bathing culture, where a symbiotic relationship between health and recreation developed. Recent trends in thermal spring tourism in most parts of the world, including sub-Saharan Africa, are explained. It is concluded that thermal spring health tourism has indeed turned a corner, and a new kind of product has emerged, where the medicinal properties of thermal waters are now being successfully used for wellness treatments. It is recommended that developing counties create thermal spring tourism products that combine thermal water resources with location-specific healing methods and remedies, but are extended to encompass surrounding natural and cultural attractions, and where possible, involve and benefit local communities.

Keywords: Thermal springs, tourism, health tourism, wellness tourism, tourism product

Introduction

Thermal spring health resorts around the world, including some in African countries, are modifying their products and repositioning themselves to adapt to both economic realities and changing demand. The thermal spring health tourism product is thus moving away from medical treatments for specific diseases, and moving towards a combination of fitness and wellness treatments, often accompanied by an increase in facilities for recreation (Boekstein, 2014b; Erfurt-Cooper & Cooper, 2009; Smith & Puczkó, 2009). While this reflects a global move towards the development of wellness spas, not necessarily thermal spas, in both urban and rural settings, the essential turning point for many thermal spas, particularly those in Europe, appears to be a complete change of focus, from using thermal water primarily for the treatment of people suffering from illness, in other words sick people, to using thermal water to help already healthy people become even healthier. Is a new form of tourism thus emerging out of one of the oldest forms of tourism?

As this apparent metamorphosis of thermal spring tourism takes place, it may be timely to consider the historical development and geographical distribution of thermal spring tourism, to highlight new developments, particularly those involving local communities, and to reflect on the role that

thermal spring tourism has played and is still playing in many countries over a long period of time, in some cases thousands of years. As early as the 5th century BCE the Greek physician Hippocrates (460-370 BCE) treated patients from all over the Mediterranean by using what would today be termed 'thermal balneology' in his famous Asclepian Centre (Cataldi, Hodgson & Lund, 1999, cited in Erfurt-Cooper & Cooper, 2009). Hippocrates included water, along with earth, air and fire, as one of the elements to be used in determining sickness and health. He proposed the hypothesis that the cause of all diseases lay in an imbalance of body fluids, and to regain the balance a change of habits and environment was advised, which included bathing, perspiration, walking and massages, not unlike the wellness activities found in modern thermal spa resorts. Hippocrates wrote extensively about the healing power of water, and advocated the use of saline baths. He regularly immersed his patients in seawater to cure a variety of ailments, including aching muscles and arthritis (Harris, 2010), and produced the first classification of thermal waters, listing their distinctive healing properties and other useful medical/therapeutic criteria (Katsambas & Antoniou, 1996). The ancient Greek city of Thermae (now called Loutraki), famous for its natural thermal mineral waters, was one of the first health resorts in history. Today Loutraki is known as a centre for health tourism, with its medicinal thermal waters described as 'the waters of life' (Erfurt-Cooper & Cooper, 2009: 212). Greece has introduced subsidies for the development of health spas that use the country's thermal water resources (Stathi & Avgerinos, 2001), and as a result a survey was undertaken to investigate the characteristics of thermal spas in Greece, both in terms of supply and demand, and current practices in balneotherapy and thermal water-based healing.

The Romans quickly adapted the ideas of the Greeks, and thermal bathing centres were developed all over the Roman Empire (Routh, Bhowmik, Parish & Witkowski, 1996). Pliny the Elder (23-79 CE) wrote about several different types of waters and how they should be used, where sulphur springs could be used for treating muscle weakness, alum (aluminium and potassium sulphate) springs for paralysis, bitumen springs for internal defects, and alkaline springs for treating scrofula (a form of tuberculosis). The Romans also used thermal mineral water for the treatment of gout, foot disease, sciatica, fever, psoriasis and wounds, to list just a few conditions (Routh *et al*., 1996). Bathing took place in public baths called *aquae*, which later developed into huge edifices, called *thermae*, with the capacity for thousands of people (Van Tubergen & Van der Linden, 2002). For example, the Roman Baths of Caracalla could accommodate 1600 people at a time.

Over the years Roman bathing culture gradually changed and moved towards using the baths as places for relaxation and leisure, rather than for medical treatments, although these were still provided. Many of the historical Roman 'spa' towns and resorts are still in use, or have been restored in the recent past (Erfurt-Cooper & Cooper, 2009). These include Bath (England), Aix-en-Provence and Vichy (France), Aachen and Baden (Germany), Karlovy Vary (Czech Republic), Pamukkale (Turkey), and Tiberius and Hamat Gader (Israel).

While it is believed that the Roman thermal spring bathing culture formed a basis for the re-emergence of spas in later centuries (Towner, 1996), bathing traditions, in Europe at least, diminished rapidly after the fall of the Roman Empire. Christians reacted strongly against what they believed were "sordid watering habits of their pagan predecessors", and subsequently public bathing stopped in Europe, and water culture fell into disuse for many centuries (Gilbert & Van De Weert, 1991: 5). By the early 17th century a recovery began to take place, when many of the European thermal

springs were developed into sophisticated 'spa' resorts. Since visitors could take only a limited number of therapeutic baths a day, much time was left for other activities, and amenities for tourism leisure activities, including theatres, opera houses, dance halls, libraries and casinos, were developed (Towner, 1996). In the 18th century these spas began to attract European aristocracy, giving rise to well-known leisure centres such as Baden-Baden in Germany, Karlsbad (now Karlovy Vary) and Marienbad (now Mariánské Lázně) in the Czech Republic, and Spa in Belgium. This resulted in a change in emphasis, from health to pleasure, and a symbiotic relationship between health and recreation developed at most European spas. In this way the 'taking the waters' of the elites of 17th century Europe provided one of the foundations for the modern pleasure resort concept (Hall, 1992). However, by the 20th century scientific advances in water therapy led to the creation of smaller, more specialized spas that concentrated on the perceived curative powers of the waters and the development of health routines, thus reducing the emphasis placed on leisure and recreation (Gilbert & Van De Weert, 1991). Spa treatments were incorporated into the national health services of countries such as Germany, France, Italy, Austria, Switzerland, Belgium and Denmark, and activities at most European spas became almost exclusively medical in nature. After the 1970s most European spas again began to change their focus, from the treatment of illness, to improvement and prolongation of health in a leisure environment, something that was deemed necessary to attract younger visitors away from sea, sand and sun holidays. Later years have seen further changes, with the introduction of a range of wellness products into the traditional thermal spa market.

Recent trends in Europe

Most countries in Europe have a tradition of using thermal springs for health benefits and personal wellbeing, including the United Kingdom, Germany, Austria, France, Belgium, Italy, Spain, Portugal, Iceland, the Czech Republic, Hungary, Slovenia, Romania and Russia. There are 142 thermal spa destinations in Germany for instance (Erfurt-Cooper & Cooper, 2009). German doctors can specialize in *kurmedizin* (cure medicine), and the German model of the *kur* (cure) has a reputation for improving the health and wellbeing of patients who have taken the necessary time for their rehabilitation. However, traditional European thermal spa resorts, particularly in Germany, Italy and France, which used to depend almost entirely on clientele taking three-week state-subsidised 'cures', have, due to the considerable reduction of subsidised treatment, been forced to diversify to some extent to ensure their continued commercial success, or in some cases, survival (Cockerell & Trew, 2003).

Thus in recent years many European thermal spa destinations have updated their facilities to accommodate current demand for more wellness facilities, as well as more opportunities for leisure and recreation (Erfurt-Cooper & Cooper, 2009; Smith & Puczkó, 2009). Renewed popularity of spas has encouraged a boom in the construction of new facilities and the upgrading and modernization of older resorts (Cockerell & Trew, 2003). In Spain, for instance, there has been major investment in the renovation and restoration of old Arab baths developed by the Moors some 500 years ago. The two famous spa towns in the Czech Republic, Karlovy Vary (Carlsbad) and Mariánské Lazné have also undergone major renovations. Italy's different spa regions have developed exciting new programmes offering wellness holidays combined with cookery courses, wine tasting and cultural, archaeological or study tours. Many of Europe's national tourism organizations, as well as leading hotel groups, now have dedicated health and wellness brochures.

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There are a number of 'spa towns' in the United Kingdom, such as Droitwich, Buxton, Cheltenham Spa and Tunbridge Wells, but Bath is the only place in the United Kingdom with genuine hot springs (Erfurt-Cooper & Cooper, 2009). Bath has a long tradition of using its natural hot springs as a centre for religion, healing and pilgrimage. Established by the Romans in 70 AD, Bath saw alternating declines and revivals over the years, until the old baths finally closed down in 1978. All bathing was prohibited until 2006, when the Bath Spa Project was launched, and the baths were once again reopened. Today Thermae Bath Spa attracts almost a million visitors annually, once again offering bathing in its mineral-rich thermal waters, and a range of therapeutic treatments. The restored baths feature a medical treatment centre providing preventative medicines and therapies, such as massage, physiotherapy, hydrotherapy and acupuncture, as well as a research and interpretive centre. Plans have been made for the redevelopment of several other spa towns in the United Kingdom, including Droitwich and Buxton, as part of an attempt to revive its traditional spa culture (Cockerell & Trew, 2003).

The Belgian health resort of Spa, founded in the 14th century, and believed by some to be the source of the term 'spa', has now been totally revamped. In its heyday in the 18th century the resort, with its distinctive neoclassical architecture, combined mineral springs with a casino, organized events and other entertainment. However, by the second half of the 20th century the resort had declined considerably (Smith, 2009). In 2004 the new Thermas de Spa opened, offering large-scale thermal pool bathing and hydro entertainment (Erfurt-Cooper & Cooper, 2009). Today Spa focuses on the concept of 'thermomodulism', rather than medical or health tourism, based on a modern, non-medical form of thermalism (therapeutic use of hot springs), which emphasizes relaxation and fun. Facilities include large indoor and outdoor swimming pools, jacuzzis, steam baths, saunas, treatment rooms, fitness facilities and relaxation areas. As a result a greater number of younger people and families are visiting. There are 6-day programmes for mothers and babies, programmes for couples, tobacco detoxification programmes, and special treatments such as peat baths and carbonated copper baths. However, despite these and other attractive offers, there is serious competition from other, purpose-built non-thermal spring-based health and wellness centres all over Europe (Smith, 2009), with little to distinguish the new developments at Spa from similar leisure developments elsewhere.

A number of thermal water-rich countries in Europe are actively promoting thermal tourism-based health and/or wellness as part of their development, positioning and marketing strategies. For example, Iceland's volcanic geological nature makes it very rich in geothermal resources. In recent times thermal swimming pools have been constructed in almost every town for the benefit of the local population, as well as tourists. Most famous is the Blue Lagoon, a thermal lake artificially created using waste water from a power station, found to be remarkably affective for the treatment of psoriasis, now developed as a wellness centre (Erfurt-Cooper & Cooper, 2009). Hungary is actively promoting health tourism, with an emphasis on wellness tourism. Hungary has some 1300 thermal springs, with spas dating back some 2 000 years. Today there are more than 150 thermal spa resorts in Hungary, of which some 36 have been declared 'medicinal spas' because of the proven curative effects of the water. Generally the country's thermal spring centres are thought to be somewhat under-utilized, offering traditional medical services mainly utilized by the elderly, and most now need to be updated (Messerlu & Oyama, 2004). Rebranding the country as a centre for spa and wellness tourism based on thermal spring offerings has become a national priority, and a 10-year tourism development programme, called the

'Szecheni Plan', was adopted in 2002, a sub-section of which deals specifically with the development of thermal spring tourism. Initial results during the first few years of the programme saw a modest increase in foreign visitors, but expenditures more than quadrupled.

North Africa and the Middle East

There are numerous thermal springs in the Middle Eastern countries, including Israel, Jordan, Turkey and Iran. Israel has a number of well-established thermal spring resorts, such as those at Tiberius and Hamat Gader, which date back to biblical times. The Dead Sea, shared by Israel and Jordan, with its high mineral content and dry climate, is possibly the oldest water-based health tourism destination in the world, and there are a number of health resorts built along its shores, in both countries. The Dead Sea contains very high concentrations of sodium chloride (salt). Dead Sea spa resorts in Israel, such as Ein Bokek, Hamme Zohar and Ein Gedi, offer a variety of spa treatments, but are especially popular for the treatment of skin diseases, particularly psoriasis and eczema, as well as asthma, respiratory problems and joint disorders, such as osteoarthritis (Altman, 2000; David, Efron, Hodak & Even-Paz, 2000; Sukenik, Flusser, Codish & Abu-Shakra, 1999). While balneotherapy for rheumatic diseases in the Dead Sea area consists mainly of bathing in the salt water of the Dead Sea, as well bathing in immersion baths and in pools of thermal spring water, and mud pack application, it is also the unique climatic conditions, such as high barometric pressure, high temperatures, low humidity and exposure to sunlight, that contribute to the beneficial effects of the area, sometimes referred to as climato-balneotherapy (Sukenik *et al*., 1999).

In Israel, tour packages which combine medical treatments of various kinds with recreational activities and tours around the country, had already become popular by the 1980s (Niv, 1989). This type of package gives the cure-seeking visitor the feeling of a real vacation while he/she attends to his/her health, a combination which often has great psychological value. Recognizing the importance of this sector to the tourism industry, and its inherent potential for the national economy, the Israeli Government established a Health Spa Authority to commission medical studies on the therapeutic value of Israel's natural thermal resources, both to carry out research and coordinate data (Niv, 1989).

Turkey, with some 700 thermal areas and thousands of thermal springs, currently ranks 7th in the world in terms of geothermal resources (Today's Zaman, 2012), is a country with a centuries old healing tradition and spa culture. Today springs such as Pamukkale (Hierapolis in Roman times) attracts vast numbers of visitors who seek the healing properties of its water (Erfurt-Cooper & Cooper, 2009). Investments in thermal spring tourism in Turkey increased dramatically after the Turkish Ministry of Culture and Tourism developed a 'Thermal Tourism Master Plan', identifying a number of geothermal regions in which to focus investment (Akcoban, 2005).

Tunisia is the only North African country that has a well-developed thermal spa tourism industry, although there are thermal springs in both Morocco and Egypt. The history of thermal spring use in Tunisia, which has about 80 thermal spring locations attracting 2.5 million visitors a year, also dates back to the Roman Empire. In 1975 the state-sponsored Office of Thermalism was established, under the Ministry of Public Health, in cooperation with the state-run Tourism Organisation, with its main purpose being the development of the thermo-mineral tourism sector (Erfurt-Cooper & Cooper, 2009).

Asia

There are many thermal springs in countries such as India, Indonesia, the Philippines

and China. In India the spiritual value of bathing in thermal water has been recognized for centuries. For example, at the temples of Manikaran and Badrinath in north India, thermal water forms the basis of the religious rituals carried out there, as well as the spiritual meaning attached to these places. Conversely, in the Philippines, thermal waters, such as those in the region of Los Baños, south of Manila, are used almost exclusively for leisure and entertainment.

The leading thermal country in Asia is Japan, which has about 270 000 thermal springs, more than 3 000 thermal spring resorts and 6 400 public bathhouses, with over 140 million visits annually to thermal springs (Messerlu & Oyama, 2004). Beppu, with eight different thermal springs spread around the city, receives some 12 million visitors a year (Japan-guide.com). Each spring features public baths and other bathing facilities, with a range of different bathing experiences, including conventional hot water baths, steam baths, hot sand baths and hot mud baths. Japanese thermal spa culture has developed differently from that of the Western world, and by the 16th century it was commonplace among all levels of the population to unwind after work in thermal pools, socialising with friends and neighbours (Erfurt-Cooper & Cooper, 2009). Although this custom has not changed much since then, Japan has in recent years has been experiencing an *onsen buunu* (hot spring boom), a rush to rural or small town thermal spring resorts, many of which have now become popular tourist destinations, with the help of government development grants (Graburn, 1995).

By the year 2 000 thermal spring bathing had become the main purpose of domestic travel in Japan, and is viewed as the ultimate in natural relaxation and an opportunity to connect with nature (Messerlu & Oyama, 2004). The growth in numbers has transformed the original *onsen* (hot spring) concept, in that visitors are now more conscious of the original healing value of thermal spring bathing, and are less inclined to regard these resorts as mere sightseeing and amusement destinations. However, the attraction of the *onsen* is about much more than hot water, and the essential components of the modern *onsen* experience now includes nutrition, exercise and relaxation in natural surroundings, as well as sightseeing (Rátz, 2009). Japanese *onsen* therapy is a type of alternative or complementary medicine, not directly curing the cause of disease, but treating the body as a whole, and assisting in recuperation, rehabilitation, and prevention.

Australasia

New Zealand's many thermal springs have been valued since the beginning of the Maori settlement, and used for cooking, bathing, washing and the treatment of ailments. By 1880 large thermal spas had been built at Rotorua, Te Aroha and Hanmer Springs. The Polynesian Spa at Rotorua, together with the Queen Elisabeth Hospital, where people underwent thermal treatments, are still in operation today (Erfurt-Cooper & Cooper, 2009). Geothermal attractions in different parts of the North Island have been connected by the promotion of the Thermal Explorer Highway, where a variety of geothermal phenomena can be seen and experienced, including hot springs, mud pools and geysers, together with Maori cultural attractions. At Hot Water Beach, near Coromandel, visitors dig holes in the sand, in effect their own natural spa pools, which fill up with the hot water that lies just below the surface.

While it has comparatively few thermal springs, Australia has been able to take advantage of the shift towards more holistic and spiritual practices, with ancient traditions as selling points (Smith & Puczkó, 2009). Peninsula Hot Springs, in Victoria, uses indigenous Aboriginal products as well as natural resources from the area to attract international visitors. The resort offers bathing in natural outdoor thermal pools, as

well as private hot mineral baths. Many of the treatments on offer have aboriginal names and incorporate indigenous healing techniques, combining indigenous plant knowledge with the principles of herbalism, aromatherapy, sound and colour therapy, to deliver a range of sensory treatments with powerful therapeutic effects (Laing, 2009). Modern spa users appear to seek out places where they can access ancient healing techniques and wellness remedies, albeit in luxurious and hygienic surroundings, although this is likely to be combined with a desire for authenticity, and harmony with nature and natural processes (Laing, 2009).

North America, South America and Antarctica

There are hundreds of thermal springs in the United States of America, including Hot Springs National Park, in Arkansas, where there are 43 thermal springs that have long been valued for their therapeutic and recreational benefits. There are also many thermal springs, together with a thriving health tourism industry, in Hawaii. Canada has about 110 thermal springs, with well-known resorts at Banff Hot Springs and Radium Hot Springs, and there are some 576 thermal springs in Mexico (Erfurt-Cooper & Cooper, 2009). The Native American Indian tribes considered hot springs as sacred places, as neutral ground, to which warriors could travel and rest unmolested by other tribes, and they believed in the healing powers of the heat and mineral content of the water (Lund, 2000). Almost every major hot spring in the United States has some record of use by the Indians, some for over 10 000 years. During the 1700s and 1800s many spas were developed in the United States in the tradition of Europe, such as Saratoga Springs in New York, Warm Springs in Georgia, Hot Springs in Arkanses, Thermopolis in Wyoming and Calistoga in California, all of which are still in use today. However, without national health insurance to support these establishments, development lagged behind Europe, and by the 1940s interest in thermal spas had dropped considerably, and many resorts went into decline and eventually closed. Loverseed (1998) observes that North Americans have been turning away from 'sun, sea and sand' type holidays, and are starting to seek more meaningful experiences, with the linking of health to tourism becoming more and more common. While thermal spas are not yet experiencing the same levels of revival being seen in Europe, the recent growth in interest in hot springs soaking and physical fitness, supported by the 'back to nature' movement, has renewed the development of thermal spas in the United States (Lund, 2000).

Most South American countries, including Argentina, Uruguay, Chile, Brazil, Peru, Bolivia, Ecuador and Colombia, have thermal springs, with a culture of using them for health purposes dating back at least to the Incas. Many thermal springs are found along the spine of the Andes Mountains, where there is continuous volcanic and tectonic activity. In the 1990s the health and wellness spa movement started to gain pace in Argentina through the rediscovery, redevelopment and reopening of older thermal installations in traditional spa towns such as Termas de Rio Hondo, with the creation of new complexes, resulting in new investment in tourism infrastructure, and a considerable boost to general tourism in these areas (Miranda, 2005). By 2002 the national authorities had recognized health tourism, specifically thermal spring tourism, as a very good potential source of economic activity involving high quality services that include a combination of 'specific' medical treatments related to balneology, prevention and rehabilitation, and 'non-specific' treatments related to aesthetics and beauty.

Chile has some 275 hot springs, many of which are still unexplored (GoChile, 2011). Eurochile, an organization focused on strengthening business ties between Chile and the European Community, has created

a thermal spring tourism 'club' to promote thermal spring tourism in the country, supported by NGOs and Chile's National Tourism Service. A recent development is the Tierra Atacama Hotel and Spa, in San Pedro de Atacama, Chile, which has an 'adventure spa' philosophy. The high Altiplano of the Atacama Desert has rivers, canyons, lakes, salt flats with flamingos, sand dunes and natural thermal springs, some in the form of geysers. The hotel believes that guests want to experience the outdoors actively and adventurously, but then be welcomed back to the hotel afterwards with a variety of relaxing options, ranging from a simple nap to one of the professional spa services on offer (Smith & Puczkó, 2009).

As tourism to Antarctica increases, Deception Island, in the South Shetlands group of islands, where hot springs seep out of the ground on the black volcanic beach and mix with the ice cold seawater, is attracting increasing attention. The unique environment of these springs creates so much interest among cruise ship passengers that many are prepared to strip off in freezing air temperatures for a dip in the thermal water (Erfurt-Cooper & Cooper, 2009).

Sub-Saharan Africa

While local populations have known about and frequented many of the thermal springs in sub-Saharan Africa for centuries, and almost certainly used them for healing purposes, there are few written records, other than purely geological reports, of thermal springs south of the Sahara, except for those in South Africa and Namibia. Most countries in this region have thermal springs, particularly those situated along the Great Rift Valley, including Ethiopia, Kenya and Tanzania. However, with the exception of South Africa, there are very few thermal spring resorts or health facilities. In Kenya, a country with many geothermal springs, some of which are located in the vicinity of popular tourist attractions, a project called 'Developing health spas' has been initiated, which proposes to utilise these springs for thermal spa development, aiming to stimulate economic growth in regions where the springs are located, as well as to develop the natural and cultural resources of the local people (Trade and Investment in Africa, 2010). A pre-feasibility study has revealed that the waters are well-suited for the development of health spas of international standards, but further studies are still needed to establish more accurately the economic viability and required investment.

Namibia has three well equipped thermal spring family leisure resorts, as well as a number of undeveloped springs (Boekstein, 1998). However, the hot spring at Warmbad, a small village in the south of Namibia, has stood unutilized for many years, with the remains of a German-built facility on the site. There is considerable potential for the spring to be incorporated into community-based tourism development in the area. Swaziland has one thermal spring with health spa facilities, with others situated within local communities, also with considerable potential, but as yet undeveloped. There is one thermal spring leisure resort in each of Zimbabwe and Zambia, with many undeveloped thermal spring resources in both of these countries.

South Africa has about 80 thermal springs, with more than 20 thermal spring resorts spread around the country. These resorts vary quite considerably in size, as well as in the range of facilities and services offered, with only three of them offering sophisticated health-related services, the others functioning as family leisure resorts (Boekstein & Spencer, 2013; Boekstein, 2014a). While most of South Africa's thermal spring resorts are well-established, recent years have seen the redevelopment of previously unutilised springs as community-based projects. Lilani Hot Spring, in Kwazulu-Natal, which stood abandoned for a number of years, has recently been re-developed and reopened

as a community-owned and managed project. Another example of a community-based thermal spring development in South Africa is at Riemvasmaak, in the Northern Cape Province, where a small bathing facility, with accommodation, has been built. Shu-Shu, situated on an island in the Tugela River in Kwazulu-Natal, in a heavily-populated tribal area, also has potential for community-based development, but it is currently only being used by a camping club during the July school holidays, although periodic flooding of the river would make permanent infrastructure problematic.

Conclusions

It is clear that there have been significant changes in the international thermal spring health tourism product, with a decline in demand for the medically-oriented services offered by traditional thermal spas, and an increase in demand for facilities, services and experiences focusing on a healthy lifestyle, fitness and relaxation (wellness), often accompanied by a greater focus on recreation. However, a growing recognition of the benefits of preventative medicine appears to include a revival of the tradition of 'taking the waters' (using thermal water for health purposes) at thermal spring resorts (Gilbert & Van de Weert, 1991; English Tourism Council, 2002), and bathing in thermal springs and drinking mineral water has become part of the emerging holistic approach to health (Erfurt-Cooper & Cooper, 2009). Thermal spring tourism has indeed turned a corner, and the medicinal properties of thermal waters are now being successfully used for wellness treatments. Developing countries, including a number of African countries with abundant thermal springs, should now be in a position to create thermal spring tourism products that are able to serve as catalysts to attract international and domestic wellness as well as recreational tourists. Ideally these products would combine thermal water resources with location-specific healing methods and remedies, but should also be extended to encompass surrounding natural and cultural attractions, and where possible, involve and benefit local communities.

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